U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known ursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/632.216 TRANSMITTAI Filing Date July 31, 2003 For FY 2006 First Named Inventor Gerard Chauvel **Examiner Name** Petranek, Jacob A. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2183 TOTAL AMOUNT OF PAYMENT 450.00 Attorney Docket No. TI-35445 (1962-05415) METHOD OF PAYMENT (check all that apply) Check Credit Card | Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 20-0668 __ Deposit Account Name: Texas Instruments, Inc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity** Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 250 100 Design 200 100 100 50 130 65 200 Plant 100 300 160 150 80 300 150 500 600 Reissue 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) 50 Each claim over 20 (including Reissues) 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Multiple Dependent Claims Total Claims **Extra Claims** Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Pald (\$) Total Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for 2-Month Extension of Time 450.00

SUBMITTED BY			The state of the s
Signature	Michel Kare	Registration No. (Attorney/Agent) 52,147	Telephone 512-391-1900
Name (Print/Type) Michael E. Ramon			Date July 12, 2006

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Docket Number (Optional)				
TI-35445 (1962-05415)				
Filed July 21, 2003				
Application Number 10/632,216 Filed July 31, 2003				
For Micro-Sequence Execution in a Processor Art Unit 2183 / Examiner Petranek, Jacob A.				
Examiner Petranek, Jacob A.				
riod for filing a reply in the above identified				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
Small Entity Fee				
\$60 \$				
\$225 <u>450</u>				
\$510				
\$795				
97/12/2006 BABRAHD <u>1 80000015 2006</u> 66				
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
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I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number				
52,147				
July 12, 2006				
Date				
(512) 391-1900				
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